

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1
Rev. 4/96

Insurer Name: IDS Property Casualty Insurance Company Contact Person: John Key
 NAIC Number: 29068 Signature: _____
 Name of Advisory Organization Whose Filing You are Referencing N/A Telephone No: 888.335.3755 ext. 5467
 Co. Affiliation to Advisory Organization: Member _____ Subscriber _____ Service Purchaser _____
 Reference Filing #: _____ Proposed Effective Date: September 1, 2006

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Homeowner Special Form	N/A – new program			<div style="text-align: center;"> <h2 style="margin: 0;">FILED</h2> <p style="margin: 5px 0;">By bharrington at 8:39 am, 1/27/06</p> <p style="margin: 0;">PROPERTY & CASUALTY ARKANSAS INSURANCE DEPARTMENT</p> </div>			
Homeowner Tenants Form	N/A – new program						
Homeowner Condominium Owner Form	N/A – new program						

N/A

Apply Lost Cost Factors to Future Filings? (Y or N)

Estimated Maximum Rate Increase for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Estimated Maximum Rate Decrease for any Arkansas Insured (%)

5 Year History

Selected Provisions

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	Selected Provisions	
		%	Eff. Date					A. Total Production Expense	9.5%
_____	_____	_____	_____	_____	_____	_____	_____	B. General Expense	12.8%
_____	_____	_____	_____	_____	_____	_____	_____	C. Taxes, License & Fees	1.6%
_____	_____	_____	_____	_____	_____	_____	_____	D. Underwriting Profit &	23.9%
_____	_____	_____	_____	_____	_____	_____	_____	Contingencies	3.9%
_____	_____	_____	_____	_____	_____	_____	_____	E. Other (explain)	-----
_____	_____	_____	_____	_____	_____	_____	_____	F. TOTAL	72.2%